

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

8364

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8364

FILED SEP 10 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN *ST Louis*

Length of stay in 1b

5 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION *916a No. Kingshighway*

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

admission)

c. CITY

OR TOWN

ST Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location) *916a N. Kingshighway*

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

WILLIAM HERBERT LASKY

4. DATE OF DEATH

Month

Day

Year

AUG. 27 1962

5. SEX

Male

6. COLOR OR RACE

*WHITE*7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

8-14-11

9. AGE (last birthday)

51

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY

GRILL-COFFEE SHOP

11. BIRTHPLACE (City and state or country)

E. ST. LOUIS, ILL.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

WILLIAM LASKY

13b. MOTHER'S MAIDEN NAME

NELLIE KAUSPEDA

14. NAME OF HUSBAND OR WIFE

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES WW II

16. SOCIAL SECURITY NO.

4201

17. INFORMANT

WILLIAM LASKY,

Address

E. St Louis ILL.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia, lobar, right base, other existing

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Conditions: Coronary Sclerosis.

DUE TO (c)

Septic Chronic Cirrhosis.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw him alive on

Death occurred at *10:00 P.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor Coroner

22b. ADDRESS

1300 Clark Ave.

22c. DATE SIGNED

8-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

8-31-62

23c. NAME OF CEMETERY OR CREMATORY

MT CARMEL

23d. LOCATION (City, town, or county)

Belleville

(State)

ILL.

24. FUNERAL DIRECTOR

ADDRESS

*JOHN J. KASSLY**E. ST. LOUIS, ILL.*

25. DATE RECD. BY LOCAL REG.

AUG 28 1962

26. REGISTRAR'S SIGNATURE

Leon Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5639

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.